

Questions and Notes from the joint session between MACSP and Two Transportation Agencies, Penquis CAP and KVCAP

November 14, 2007

Questions

- Specifically, how could MR providers contract or subcontract with the Medicaid transportation agency/ies in their service areas? Neither party has done this before and does not want to run afoul of state and federal laws and regulations. There was institutional memory that Eastern Maine Transportation may have done some contracting. There was also great concern about billing protocols.

Response: The Department thinks that subcontracting is an acceptable methodology, however, cannot give specific business advice and suggests that each provider seek out their own legal advice. The Department is aware that some Transportation agencies currently subcontract and believe that this arrangement can be duplicated.

- The transportation agencies need to understand the MR provider needs for service. These agencies have capacity issues now without new responsibilities. How can the department help inventory both current transportation capacity of both provider groups and new expectations of the transportation agencies?

Response: There will be approximately 4000 members in Community Support and there may be a possibility that many of those will need coordination with their transportation. The Department does not know the origins and destinations of members. MR providers need to be dealing directly with Transportation agencies identifying the needs of the members and making proper arrangements.

- Is there currently transportation service in Southern Aroostook County? We understand that there had been but it was discontinued. Are there any other holes in service delivery?

Response: Aroostook Regional Transportation Services is the full service transportation MaineCare approved provider that provides services in this area of the state.

- Both provider groups need clear guidance on how each system works (this is a variation of the contracting question above). We learned that currently day hab consumers are transported on a per mile/per person charge (plus an administrative fee) with the vans

charging from first destination to the last. Volunteers may charge for all the time the driver is in the vehicle, driveway to driveway (per mile reimbursement). Transportation provided by friends and families is a pass through. The key to the transportation agency activity is travel between one MaineCare covered to another. That said family and friend may include marketing and other activities of daily living.

Response: This document may answer many of the questions, additionally the Department is organizing a phone conference for Friday December 14 to provide additional information. Please see list serve for exact time and arrangements.

- Can MR providers bill for support activities and also bill per mile as a volunteer through the transportation agency?

Response: If a member needs support during transportation to a MaineCare covered Service and the support is within the members authorized level of services. There must be a corresponding arrangement for the provider to be a volunteer (or friend and family) driver then yes, the provider may submit reimbursement for providing services. The policies and procedures of the Regional Transportation Provider must be followed. The MR agency would be reimbursed for the support activity and the transportation agency would be reimbursed for the transportation.

- Is an MR staff member is a volunteer driver who assists with toileting, does employee status change? Whose employee is this person? The transportation agencies believe this would be best as friend and family transporting. We need clarification.

Response: If this were the case, the staff member would also be providing Home Support or Community Support simultaneously during the transportation. The staff person would not be an employee of the transportation agency but there may be a subcontract or other arrangement which allows for reimbursement for the transportation.

- Will there be any consideration of what is the most efficient and least costly?

Response: Section 113 states that the Regional Transportation Provider is “required in the policy to achieve maximum cost efficient provision of transportation services”.

- What are the requirements for transportation drivers, criminal background checks, drug testing? Are there differences among the categories of drivers: friends and family, volunteers, and van drivers?

Response: Please refer to Section 113 of the MaineCare Benefits Manual for full details on these requirements at <http://www.maine.gov/sos/cec/rules/10/ch101.htm>

- Can an MR agency staff be a friend and family driver?

Response: Yes.

- What if a transportation agency refuses to provide services? Is this an entitlement?

How is the necessary travel accomplished?

Response: A member is entitled to transportation to a MaineCare covered service and may request an administrative hearing if refused transportation services. The MR agency may need to do some problem solving on behalf of their members while the situation is being resolved.

QUESTIONS

Maine Association for Community Service Providers

Rate Setting and Transportation

December 2007

- What will be the requirements for our employees who drive pursuant to agreements with the regional transportation agencies? Will there be drug testing requirements for our employees? Do all Chapter 113 rules apply to us? Will it matter if we are subcontractors of the Chap. 113 agency?

Response: Please refer to Section 113 of the MaineCare Benefits Manual for full details on these requirements at <http://www.maine.gov/sos/cec/rules/10/ch101.htm>

- What about vehicle liability if we are driving? Who has it?

Response: The policies and procedures of the Regional Transportation Provider must be followed.

- What will be the appropriate rate for us to charge?

Response: Please refer to Section 113, Chapter III of the MaineCare Benefits Manual for full details on these requirements at <http://www.maine.gov/sos/cec/rules/10/ch101.htm>

- How will shared living consumers' transportation needs be met?

Response: This will be based on the members' authorization.

- There are concerns about the rates for day programs and absenteeism particularly in the northern part of the state where weather is a detriment to attendance.

Response: This is a fee for service arrangement and services will be reimbursed based on provision of services.

- Questions are raised again about the rate system being a detriment to keeping long term employees. Does the department have any thoughts about this?

Response: The Department has determined what is a fair reimbursement rate for these services and providers must establish their own business practices relative to salary schedules.

- Are there limits on Chap. 113 transportation weekly, monthly, or annually? We understand that it is an entitlement under MaineCare but are there any limits?

Response: Please refer to Section 113 of the MaineCare Benefits Manual for full details on these requirements at <http://www.maine.gov/sos/cec/rules/10/ch101.htm>

- What constitutes a day under the residential care service, i.e., on what do we bill the “per diem”?

Response: Provider must bill based on the members authorization, if a member is authorized for per diem services the authorization will reflect that and a provider may bill accordingly.

- What is the safety net should any part of this major system change fail on December 30th? Is there a contingency plan for billing, for services such as crisis, transportation? Will there be interim payments available if payments are delayed, suspended, etc.? As you know, a routine repair two weeks ago resulted in no payments for waiver services this week.

Response: MeCMS has been thoroughly tested and passed the system requirements for the Department to be confident that claims will be reimbursed.

- It is clear to many providers that there is an incentive to bill monthly or at least every two weeks for residential services. Will MECMS accommodate this? Will there be special instructions to assist payment?

Response: Providers must bill based on the members authorization and the requirements in Chapter III of the respective Sections.